

CLIFFORD K.H. LAU, M.D., F.A.C.S.

Orthopaedic Surgery

Queen's Physicians' Office Building II
1329 Lusitana Street, Suite 501
Honolulu, Hawaii 96813

Physicians' Exchange
(808) 524-2575

Telephone:
(808) 522-9633

November 18, 2003

Agnes Lee, Claims Specialist
Liberty Mutual Group
P. O. Box 30608
Honolulu, HI 96820

RE: **ENGLE, TIARA**
D/Injury: 05/02/03

Dear Ms. Lee:

A medical records review was performed on Ms. Tiara Engle with regards to her motor vehicle accident of 05/02/03.

RECORD REVIEW:

05/02/03 - Kaiser Permanente ER Physician Record. Time seen is 4:30 p.m. Occurred just prior to admission. Passenger in a vehicle with car collision. Location of pain and injuries: Head. Severity of pain is mild. Associated symptoms: Loss of consciousness ?, does not remember impact. Does not recall restraints. Patient pregnant, oriented x 1, C-collar. Abrasion on right forehead. Neck nontender, painless range of motion. Trachea midline. Positive FHT. Back no CVA tenderness. No vertebral tenderness. Extremities atraumatic. Pelvis stable. CT of the head negative. Clinical impression: Contusion of face, concussion. Emergency room brain CAT scan, preliminary report negative study.

05/02/03 - ER Department, medical screening order form, time 1609. 18-year-old female alert and oriented x 3. Arrived via CNC with hard neck collar. Complaints of head pain. Passenger, ? restraints. Positive short-term memory loss. Patient pregnant.

05/05/03 - CT scan of head without contrast, unremarkable CT scan of the head.

05/16/03 - Young, M.D. Pain to back of head off and on. Mostly pain from lying down and then getting up position. Patient was passenger that got hit from behind at a stop light. Also hit car in front. No loss of consciousness. Seen at Kaiser emergency room. Full range of motion of the neck but pain tilting left and rotating left. Refer to Dr. Crowley.

05/30/03 - Kuribayashi, D.C. Diagnosis of concurrent or contributing conditions: Lumbar spine dysfunction, thoracic spine dysfunction, cervical spine dysfunction, bilateral arm radiculitis, left ankle sprain.

06/03/03 - Ahmad/Portner, M.D. 18-year-old female, cashier at a gas station, presents with chief complaint of pain in the back of the neck, upper mid and low back as a result of motor vehicle

Liberty Mutual Group
RE: ENGLE, TIARA

November 18, 2003
Page 2

accident on 05/02/03. Passenger in car, rear-ended at a stop light. Other car was around 45 mph speed. Noted pain in the back of the neck right after the accident. Noticed back pain a few days after. CT scan of head performed at Kaiser, told she had a concussion. No x-rays of neck and spine, patient is pregnant in second trimester. Recommended rest, however, did not improve. Consulted chiropractor after a few weeks as the pain persisted. Initially begun spinal adjustments and treatment. She has received one therapy session. Recommend EMG and nerve conduction study. No paresthesias reported. Seems to radiate down to the upper back, turning the neck side-to-side exacerbates neck pain. Low back pain worse with sitting for 20 minutes. Localized without any paresthesias in bilateral lower extremities. Pain level 8 on an intensity scale of 1-9. Examination of cervical spine: No apparent deformities. Flexion is full, mildly painful. Extension is full and painless. Bilateral rotation also mildly limited and painful. Manual muscle strength 5/5. Deep tendon reflexes symmetric. Sensation intact. Bilateral shoulders full and passive range of motion, resisted abduction, internal and external rotation are painless bilaterally. Thoracolumbar spine limited, painful flexion and extension. Bilateral side bendings are full and painless. Straight leg raising negative. SI joints negative. Deep tendon reflexes intact. Impression: Cervicothoracic and lumbar spine dysfunction, traumatic. Recommend PT, soft tissue massage. Continue chiropractic treatments. Bilateral upper extremity EMG and nerve conduction study to be performed to rule out radiculopathy based on Dr. Kuribayashi and her symptoms. Request report of CT of brain.

07/03/03 - Ahmad/Portner, M.D. Reports feeling okay especially neck, however, back still bothers her. Pain localized without radiation down the extremities. Receiving physical therapy in forms of mobilization, modalities, and manual traction. Did not receive any traction to lower back due to her pregnancy. EMG and nerve conduction studies of bilateral upper extremities reportedly negative. Lumbar spine reveals full and painless flexion, extension and bilateral side bendings are limited and painful. Bilateral rotation full and painless. Thoracic spine dysfunction resolved. Cervical spine dysfunction much improved. Lumbar spine dysfunction improving. Will try abdominal binder for abdominal support to relieve some of her low back symptoms.

08/07/03 - Ahmad/Portner, M.D. Improving with physical therapy and soft tissue massage. Last week illness reported to be stomach flu. Today reports neck and back pain are bothering her. Wants to continue current treatment as they are helping. Patient is pregnant, due on 09/29/03. Told patient if pain still persists after delivery, treatment may be restarted when she has recovered from the delivery.

08/28/03 - Ahmad/Portner, M.D. Neck pain slightly worse when seen at the last time. Not able to attend physical therapy. Had to sell her car. Does not have a ride. Also recovering from stomach flu. Discussed therapies with GYN doctor who does not recommend to stop them for any obstetrical or gynecologic reasons. Neck is worse with prolonged sitting, associated with headaches, lying down and sleep helps. Neck nearly full but mildly painful flexion and extension, bilateral rotations are full and painless. Thoracolumbar spine reveals full and painless bilateral rotation. Cervicothoracic and lumbar spine dysfunctions gradually improving.

10/22/03 - Ahmad/Portner, M.D. Gave birth to her child on 09/20/03, was fine. Says in a certain way she sits exacerbates pain. Pain is localized without any radiation down the lower extremity.

Liberty Mutual Group
RE: ENGLE, TIARA

November 18, 2003
Page 3

Has not received physical therapy secondary to pregnancy and birth of child. Neck is better, however, still feels pains on the right side. Not breast-feeding. Did not receive any x-rays due to pregnancy. Has not received exercises or strengthening exercises due to pregnancy. Will get x-rays of cervical, thoracic and lumbar spine to rule out other pathology. Consider MRI. Consider injections. Physical therapy, soft tissue massage, chiropractic treatment.

IMPRESSION:

1. Contusion to face with concussion with possible loss of consciousness.
2. Cervical and lower back strain.
3. Pregnancy.

PROGNOSIS: Fair.

DISCUSSION: From the medical records reviewed, this is an 18-year-old who was the passenger in a motor vehicle accident, she was rear-ended. When initially seen in the emergency room, she had no neck pain, back pain nor extremity pain. Her main complaints were abrasions to her head. Her severity of pain was mild, and there was a questionable loss of consciousness. She was seen two weeks later by Dr. Young and there were some complaints of pain of the neck with rotating to the left. She was in her second trimester of pregnancy at the time of the accident. She sees Dr. Kuribayashi for chiropractic treatment and receives massage therapy and physical therapy. The records from Dr. Portner's office noted improvement on his 07/03/03 visit where the thoracic spine dysfunction has resolved, the cervical spine dysfunction was much improved, and the lumbar spine dysfunction was improving.

On Dr. Portner's note of 06/03/03, he notes that the patient noted pain in the back of the neck right after the accident and the back pain started a few days later. This differs slightly from the emergency room report where there is no pain in the neck area but mild pain in the head. It is possible for neck pain and back pain to occur a couple of days later, usually indicating a lower energy injury with resultant mild or soft tissue injury. This is usually a strain and sprain which usually resolves within a 6-8 week period of time. In Ms. Engle's case, she was in her second trimester of pregnancy and in the third trimester low back pain can occur. This can vary with the weight gain and how she is carrying her child. I note from Dr. Portner's note the there is an improvement in her thoracic and neck area but there is an increase in back pain around her third trimester. On the last visit that I had to review on 10/22/03, there is some pain that occurs with certain ways that she sits. This can also be related to post-pregnancy problems as the pelvis has to re-adjust with stabilization of her ligaments. The records indicate a lower energy injury with the initial emergency room report of no specific neck or back tenderness and no specific complaints of neck or back pain, and only mild complaints of head pain. A visit two weeks later notes full range of motion of the neck with some pain when turning to the left side. When followed by Dr. Portner the thoracic spine dysfunction has resolved and the cervical spine dysfunction is much improved with the lower back improving.

Based on these records, I do not believe further passive modalities are necessary. This includes massage therapy as well as adjustments. She is still in her postpartum phase and I would recommend a home exercise program, mainly abdominal strengthening exercises to help

Liberty Mutual Group
RE: ENGLE, TIARA

November 18, 2003
Page 4

to strengthen her abdominal muscles that were stretched out during pregnancy and delivery. She had been to physical therapy and I do not believe another course of therapy would actually be necessary. She should have been given booklets and instructions to do the therapy. I do not believe x-rays of the cervical, thoracic or lumbar spine are reasonable based on the medical records reviewed. It appears that the thoracic spine had resolved, the cervical spine was only minimal, and the lumbar spine was improving. An MRI scan is definitely not necessary based on the medical records reviewed. I do not believe injections are reasonable. I would have expected an 18-year-old to have reached pre-injury status within 6-8 weeks considering the presentation to the emergency room and for a visit two weeks later.

I believe her pregnancy is probably responsible for her back complaints and her sitting complaints. It does not appear that any further formal treatment is needed for the 05/02/03 accident, and encouragement would be for a home exercise program. I did not have her GYN records available to review. This would have indicated height and weight as well as if any delivery problems occurred and the current status of the uterus especially during the last trimester of pregnancy.

If you have questions regarding this report, please feel free to contact me.

Sincerely,



Clifford K. H. Lau, M.D., F.A.C.S.
Orthopaedic Surgery

CKHL/mf
lau112203-4